

EVALUATION REPORT

AN EARLY INTERVENTION DRUG EDUCATION PROGRAM

**IOWA DEPARTMENT OF HUMAN RIGHTS
DIVISION OF CRIMINAL AND JUVENILE JUSTICE PLANNING
AND STATISTICAL ANALYSIS CENTER**

AUGUST, 1998

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ACKNOWLEDGEMENTS

The Iowa Department of Human Rights, Division of Criminal and Juvenile Justice Planning and Statistical Analysis Center (CJJP) acknowledges the Employee and Family Resource's staff, especially those working directly with the Early Intervention Drug Education Program (EIDEP) in providing information and data for this report. Additionally, assistance from the Polk, Warren, and Jasper counties' Juvenile Courts in obtaining court related information was extremely helpful.

INTRODUCTION

The Iowa Division of Criminal and Juvenile Justice Planning (CJJP) received a grant award from the Governor's Alliance on Substance Abuse (GASA) to provide technical assistance and evaluation services to the Employee and Family Resources' (EFR) Early Intervention Drug Education Program (EIDEP). The EIDEP program was designed to be a juvenile court diversion program that provided substance abuse education to first or second time, low level, offenders or youth who were determined to have had minimal levels of alcohol or drug use or related issues. The major components of this program consisted of class sessions, urinalysis monitoring, pre- and post-tests, and follow-up sessions that were scheduled one month after a participant completed the program.

EIDEP's need for technical assistance was stated to be in the development of goals, documentation, and outcome measures for the program. The evaluation of the program was anticipated to focus on the extent to which program implementation and operations conformed to program plans as well as to examine whether goals and outcomes were being achieved.

METHODOLOGY

Upon receipt of the grant award, a number of activities were undertaken to enhance CJJP's abilities to provide informed technical assistance and in the design and implementation of the specific evaluation strategies. One of the first activities was to hold preliminary meetings between CJJP, GASA, EFR, and the various referral sources (e.g., Boy Scouts Diversion Program, Juvenile Court Centralized Intake for Polk County, PACE Diversion, Peer Review Court, Shoplifting Diversion, EFR's Centralized Assessment Center - CAC) to acquire background information about the referral process, the program, and other pertinent information. In addition to these meetings, a review of program documents and relevant materials was performed to enhance CJJP's knowledge

base about the program. Informal interviews with the staff and an observation study of the urinalysis testing and class sessions were conducted.

CJJP did review and comment on the program documents (e.g., admission forms, pre- and post-tests, contract, information release forms), however; most of the documents were not finalized prior to the admission of the program's initial participants. Some of the program documents were not finalized until after the program had been in operation for six months. At about this same time, significant changes in the curricula and structure of the program occurred as well. These changes included revisions of the type and number of questions on the pre- and post-tests, alterations in the number and length of class sessions, as well as modifications in the presentation of the subject matter.

Although some major program changes occurred, CJJP wanted to examine the entire first year of program operations for three primary reasons. First, to obtain as large a population of cases for the evaluation as possible. Second, to split the sample into two separate groups to examine the impact that some major program changes have had on the participants' outcomes. This would allow for a comparison of the first and second sixth months of program operations. Third, to study recidivism among program participants, which would not have been possible without inclusion of Group One due to the need for an adequate follow-up period. By maintaining the first group in the study, CJJP also hoped to provide answers as to whether the program or its participants changed significantly during the first year. CJJP was interested in examining changes that occurred to the program as well as changes in participants' outcomes. The two study groups that were developed included:

- ♦ **Group One (n=55)** - included all of the youth who were admitted to EIDEP between February 20 and August 20, 1997.
- ♦ **Group Two (n=44)** - included all of the youth who were admitted to the program between August 21, 1997 and February 20, 1998.

Information pertaining to the EIDEP and its clients was obtained directly from the program's case files, a client-specific database, and through informal interviews with program staff. CJJP also sought out and obtained juvenile court information from the relevant juvenile court offices (i.e., Polk, Jasper, and Warren counties). It was anticipated that such data could provide information regarding a youth's juvenile court involvement at the time of his or her referral, as well as at the time of his or her discharge from the program. CJJP provided the appropriate juvenile court offices with names, and admission and discharge dates to obtain information about the participant's juvenile court status. This juvenile court information was collected only for Group One.

PARTICIPANTS

The EIDEP was designed to be a juvenile court diversion program and provide drug education and urinalysis drug testing for youth that received first or second time, low-level, drug or alcohol related charges. The target population for this program also included those youth that had minimal levels of alcohol or drug use or related issues, but were not deemed to be in need of treatment, regardless of the type of delinquency offenses with which they were charged. All of the cases except for one in Group One were found to be under juvenile court supervision at the time of admission to the program.

The evaluation findings showed that the majority of the participants were 15 years of age or older, male, and white (see Table 1). The data presented in Table 1 shows that there were some similarities for Group One and Group Two in terms of sex, but some differences in regards to race and age. Group Two contained somewhat fewer African-Americans and were slightly older than Group One.

Approximately 66.7 percent of the participants resided in Des Moines at the time of admission to EIDEP (see Table 2). The remainder of the participants came from the suburbs of Des Moines, other areas in Polk County, or two bordering counties (Warren and Jasper). The EIDEP staff noted that proximity to

the program was an important issues for the program participants as transportation was expected to be handled by the participants and their families. However, EIDEP staff did provide transportation in special circumstances. In addition to the selected demographic variables, three other background variables (previous counseling, school status, and presenting problems) were collected and analyzed.

TABLE 1: SELECTED DEMOGRAPHICS

DEMOGRAPHICS	GROUP ONE		GROUP TWO		TOTALS	
	n	%	n	%	n	%
Sex						
Male	42	76.4	33	75.0	75	75.8
Female	13	23.6	11	25.0	24	24.2
TOTALS	55	100.0	44	100.0	99	100.0
Age						
14 and under	10	18.2	6	13.6	16	16.1
15-16	28	50.9	24	54.6	52	52.5
17 and over	17	30.9	14	31.8	31	31.3
TOTALS	55	100.0	44	100.0	99	100.0
Race						
White	41	74.6	37	84.1	78	78.8
Black	11	20.0	4	9.1	15	15.2
Asian/Pacific Islander	1	1.8	2	4.5	3	3.0
Hispanic	1	1.8	1	2.3	2	2.0
Other	1	1.8	0	0.0	1	1.0
TOTALS	55	100.0	44	100.0	99	100.0

Previous Counseling or Treatment

Previous counseling or treatment was an item on the participants' referral forms and was filled out either by the referring agency, the participants or their parents during the intake process. The study findings indicate that only a small percentage of the participants in both Group One and Group Two had received

TABLE 2: LOCATION OF PARTICIPANTS' PRIMARY RESIDENCE AT TIME OF ADMISSION

LOCATION	GROUP ONE		GROUP TWO		TOTALS	
	n	%	n	%	n	%
Des Moines						
North	6	10.9	3	6.8	9	9.1
South	6	10.9	4	9.1	10	10.1
East	12	21.8	13	29.5	25	25.3
West	5	9.1	2	4.5	7	7.1
Central	8	14.5	4	9.1	12	12.1
Des Moines Suburbs						
North	1	1.8	5	11.4	6	6.1
South	0	0.0	0	0.0	0	0.0
East	2	3.6	0	0.0	2	2.0
West	8	14.5	8	18.2	16	16.2
Warren County	7	12.7	4	9.1	11	11.1
Jasper County	0	0.0	1	2.3	1	1.0
TOTALS	55	100.0	44	100.0	99	100.0

previous counseling or treatment (see Table 3). Of the 7 participants who received counseling or treatment in Group One, 2 received anger management therapy, 3 received family counseling and 2 received emotional/behavioral counseling. Two of the 7 participants in Group Two who received previous counseling received family counseling, 1 received psychological counseling and 4 received emotional/behavioral counseling.

TABLE 3: PREVIOUS COUNSELING OR TREATMENT

PREVIOUS COUNSELING OR TREATMENT	GROUP ONE		GROUP TWO		TOTALS	
	n	%	n	%	n	%
Yes	7	12.7	7	15.9	14	14.1
No	48	87.3	37	84.1	85	85.9
TOTALS	55	100.0	44	100.0	99	100.0

School status at time of admission to EIDEP

The referral form which is filled out on each participant (typically prior to their attendance at the first class) asks the student what their school status is (e.g., attending or not) and what grade they are in. The evaluation data show that for Group One, 92.7 percent of the participants were in school compared to 79.1 percent of the participants in Group Two (see Table 4). For Group One, the (school) grade that participants were in at the time of admission to EIDEP ranged from 7th to 12th grade with a group average grade of 9.82 (see Table 5). Table 5 also shows that Group Two had no 7th graders and a range of grades between 8th and 12th grade. The group average grade was slightly higher (10.1) for Group Two than for Group One. So while Group One had a higher percentage of participants who were reported to be attending school at the time of admission to EIDEP, it was found that Group Two participants had slightly higher grade levels.

TABLE 4: SCHOOL STATUS

SCHOOL STATUS	GROUP ONE		GROUP TWO		TOTALS	
	n	%	n	%	n	%
Attending	51	92.7	34	79.1	85	85.9
Not Attending	2	3.6	5	11.6	7	7.1
Not Reported	2	3.6	5	9.3	7	7.1
TOTALS	55	100.0	44	100.0	99	100.0

Presenting Problem

The presenting problem or referral reason was listed on the referral form and was expected to be filled out by the referring agency. The referring agency was instructed by EIDEP staff to list only one presenting problem. The presenting problem was determined to be the primary factor that made the youth a potential candidate for EIDEP. The data presented in Table 6 show that the

TABLE 5: GRADE LEVEL FOR THOSE PARTICIPANTS WHO REPORTED ATTENDING SCHOOL

GRADE LEVEL	GROUP ONE ^a		GROUP TWO ^b		TOTALS	
	n	%	n	%	n	%
7	3	5.9	0	0.0	3	3.3
8	6	11.8	1	2.4	7	7.6
9	13	25.5	14	34.1	27	29.3
10	11	21.6	10	24.4	21	22.8
11	13	25.5	10	24.4	23	25.0
12	5	9.8	6	14.6	11	12.0
TOTALS	51	100.0	41	100.0	92	100.0

^a Missing Cases = 4

^b Missing Cases = 3

presenting problem for which participants were referred to the program were about the same for Group One and Group Two. The most common presenting problem was marijuana and the least common was cocaine. The category labeled “other” in Table 6 includes individuals who were referred for weapons, family and school reasons.

TABLE 6: PRESENTING PROBLEM

PRESENTING PROBLEM	GROUP ONE		GROUP TWO		TOTALS	
	n	%	n	%	n	%
Alcohol	12	21.8	6	13.6	18	18.2
Marijuana	35	63.6	33	75.0	68	68.7
Cocaine	0	0.0	1	2.3	1	1.0
Amphetamines	1	1.8	1	2.3	2	2.0
Other	7	12.7	3	6.8	10	10.1
TOTALS	55	55.6	44	44.4	99	100.0

PROGRAM DESCRIPTION

Facility

The EIDEP was conducted in a building that houses local services including EFR assessment and prevention services. This building was located in the North Central part of Des Moines and was deemed by program staff to be a central location for most potential program participants. Within this building, EIDEP utilizes a large conference room to conduct its classes. Nearby rest rooms and a small utility room are used to conduct the urinalysis tests. The facilitators conduct the majority of their EIDEP related activities in this building. However, one of the facilitators also maintained an office in the juvenile court building which is located in downtown Des Moines. The clerical support is maintained in another location, but occasionally some of this work is conducted in this building.

Staff Resources

The personnel who were directly responsible for EIDEP included the Director of EFR's Central Assessment Center (CAC), two facilitators, and a staff person who provided data entry and clerical support. The EIDEP also received some computer support (e.g., programming and generating reports) through a contract with a private individual and permanent EFR staff within the main administrative office. Each of the staff members working with the EIDEP was assigned other responsibilities at EFR. In other words, none of the staff positions were allocated to EIDEP full-time. Over the course of the one year evaluation period, there were different individuals in two of the staff positions (i.e., one of the facilitator positions as well as the clerical and computer support position).

Curricula

For the first six months of the program, there were four class sessions that were three hours in length. A decision was made by the program staff to reorganize some of the subjects as well as to spread the material out over five class sessions rather than four. In deciding to go to five sessions, a decision was also made to shorten the sessions from 2.5 hours to 2 hours and to eliminate a short break. For both Group One and Group Two, the class sessions were held once a week on Thursdays. The participants in Group One were expected to report between 4:15 p.m. and 4:45 p.m. to provide a urinalysis specimen and those in Group Two were to report between 4:30 p.m. and 5:00 p.m. This period of time was also utilized to provide an orientation to newly admitted youths and their parents or guardians. Staff indicated that in some cases the participants had completed the orientation session prior to their first night of class.

The orientation consisted of a briefing by one of the program facilitators in regards to the rules and expectations of the program as well as an opportunity to obtain signatures on the consent forms. Following the first half hour of activities the actual class sessions began. For Group One, the class sessions were conducted between 4:45 p.m. and 7:15 p.m. For Group Two, the class sessions were between 5:00 p.m. and 7:00 P.M.

Each class session focused upon an individual substance use or abuse related topic or was directed towards providing information to prevent or deter future substance use or abuse. The course material was either taken from existing EFR material designed for other purposes (e.g., presentations to schools), tailored specifically for EIDEP, or obtained from educational materials developed by other sources. The changes to the curricula (i.e., subject areas and number of classes), described above, occurred at about the six month point of program operations.

The weekly subjects were originally:

- ◆ Alcohol, depressants, and tobacco
- ◆ Marijuana / hashish & hallucinogens
- ◆ Amphetamines, methamphetamine, and cocaine
- ◆ Peer Refusal, communication, and boundary setting skills, as well as the assessment process, treatment programs, and alternatives to substance use

The weekly subjects were changed to:

- ◆ Alcohol and depressants
- ◆ Tobacco and marijuana
- ◆ Stimulants: amphetamines, methamphetamine, and cocaine
- ◆ Peer refusal, communications, and boundary setting skills
- ◆ Risk assessment, decision-making, treatment programs, and alternatives to substance use

The program participants were required to attend the appropriate number of class sessions in a consecutive order following their admission into the program. As the findings presented later in this report show, this did not always occur. If a participant had been given prior approval to miss a class session and they did so, they would have had to wait until the particular class was taught again to retake it.

The teaching style of the facilitators varied a little bit, but for the most part they used a lecture format with a question and answer period. There were also some exercises utilized to stimulate discussion.

Referral Process

EIDEP was designed to be a juvenile court diversion program. According to the 5th judicial district's diversion program coordinator, such programs are designed for first time simple misdemeanor offenders and are considered to be a form of informal probation. EIDEP may have been assigned to a given juvenile as the only sanction they had to complete, but others may have been involved in the program in conjunction with another diversion program such as shoplifting diversion or boy scout diversion. It was found that all but one of the individuals in the study sample were under juvenile court supervision. The one participant not reported to have been under juvenile court supervision was reported to have been a child in need of assistance under the supervision of DHS and is one of the two cases under the "other" category and is shown in Table 7 to be a member of Group Two. The second case in this category was referred from a school.

The "juvenile court" category in Table 7 refers to both Polk County's Centralized Intake and to juvenile court officers from all three of the counties included in the evaluation study. Centralized Intake is located on the North side of Des Moines. Centralized Intake receives referrals primarily from Police Departments, but a few of its referrals come from other sources such as JCOs and DHS case workers. This facility is staffed 24 hours a day, 7 days a week by juvenile court staff and Polk County Youth Services. Upon admission to Centralized Intake, the juveniles are subjected to a screening process that usually takes about a half an hour. This screening process is designed to identify the youths' situation and most appropriate responses. Upon completion of this screening process, the youths are either sent to placement (e.g., detention, shelter) or back home. If a youth is sent to a placement for example, they would, in almost all cases go through formal juvenile court proceedings. If a youth is sent home, they may go through juvenile court proceedings or they may simply be released with no further action. If a youth is sent home and receives no further action they may later go through court proceedings depending upon

severity and type of charge, as well as additional offenses in the future. Typically EIDEP referrals involve those youth sent home from Centralized Intake with instructions to meet with a juvenile court officer for further action. The EIDEP referral then is made by this officer, often based on Centralized Intake's recommendation.

When making a referral to EFR, the EIDEP staff has indicated that Centralized Intake typically stipulates which component of EFR they are referring a youth to, Central Assessment Center (CAC) or EIDEP. This issue was not always as clear with the other referral agencies. The program staff stated that, prior to EIDEP beginning its operations, Centralized Intake had been expected to be a major source of referrals to EIDEP. The evaluation findings showed that this did not appear to be the case for the first six months of program operations as only about 30 percent of the referrals came from this source. Table 7 also shows that almost three times more participants in Group One were referred from CAC than participants in Group Two. It is entirely possible that CAC had more appropriate individuals for EIDEP during the first six months of operations, while juvenile court did not have as many appropriate individuals. However, through conversations with juvenile court officials and EIDEP staff it seems more likely that the juvenile court officers were simply not screening the individuals for entry into EIDEP as was the case in the second six months.

There were a number of agencies that were identified through the research process as a referral source for EIDEP, including: juvenile court, CAC, Pace Diversion, Shoplifting Diversion, Very Important Partners, Boy Scouts Diversion and Peer Review Court. It was found that only juvenile court, CAC, PACE Diversion and Boy Scouts Diversion provided any significant numbers of referrals to EIDEP. For Group One, three of these agencies accounted for over 80 percent of the referrals to EIDEP, EFR's centralized assessment center (CAC), juvenile court and the PACE Diversion Program. For Group Two, it was found that juvenile court, PACE Diversion, and Boy Scout Diversion accounted for over 88 percent of the referrals. It can be noted that two participants in Group Two who were listed as referred by juvenile court were actually court ordered to

attend the EIDEP specifically for its urinalysis monitoring services.

TABLE 7: REFERRAL SOURCES

REFERRAL SOURCES	GROUP ONE		GROUP TWO		TOTALS	
	n	%	n	%	n	%
Boy Scout Diversion	6	10.9	5	11.3	11	11.1
Central Assessment Center (EFR)	13	23.6	3	6.8	16	16.2
Juvenile Court ^a	16	29.1	25	56.8	41	41.4
PACE Diversion	16	29.1	9	20.5	25	25.3
Peer Review Court	1	1.8	0	0.0	1	1.0
Shoplifting Diversion	1	1.8	0	0.0	1	1.0
Very Important Partners	2	3.6	0	0.0	2	2.0
Other	0	0.0	2	2.3	2	1.0
TOTALS	55	100.0	44	100.0	99	100.0

^a For the Purposes of this study, Juvenile Court includes both juvenile court officers (JCOs) and Centralized Intake.

According to EIDEP staff, the program was designed to receive direct referrals in cases where the youths were deemed to have little substance use history or no previous charges. Otherwise the referral agencies were supposed to refer more severe issues or history to CAC. Based on information from the referral sources, however, it was not clear whether the referrals from the referral sources other than Centralized Intake were being made to CAC or EIDEP. According to EIDEP staff, the referral process was improved during the second six months of operations due to increased direct contact between EIDEP staff and referral sources. It was further suggested by program staff that the increased contact allowed referral sources to increase their knowledge of the target population, thereby improving their own screening processes. One of the reasons that this issue was unclear to the referral agencies, may be that one of the EIDEP staff serves in another capacity as an assessment counselor for CAC

based at the Juvenile Court Building.

EIDEP's Recommendations for Further Services

Participants who were terminated unsuccessfully or deemed to require further services after completing EIDEP were typically referred to more intensive intervention or service programs. The program staff indicated that many times such referrals were made because of the need for the participants to receive more intensive treatment or counseling which was not available through EIDEP. The evaluation study findings show that EIDEP made more referrals to other services and interventions (e.g., Broadlawns, New Beginnings) during Group One than Group Two (see Table 8).

TABLE 8: RECOMMENDATIONS FOR FURTHER SERVICES

WAS A RECOMMENDATION MADE FOR FURTHER SERVICES?	GROUP ONE		GROUP TWO	
	n	%	n	%
Yes	18	32.7	11	25.0
No	37	67.2	33	75.0
TOTALS	55	100.0	44	100.0

PROGRAM GOALS AND REQUIREMENTS

The EIDEP staff and the program's documents indicate three primary goals: (1) increase knowledge and understanding of the physical, social and legal consequences of alcohol and drug use; (2) decrease experimentation or use of alcohol and drugs; and, (3) decrease recidivism. In addition to these goals, there are also several program requirements that the program identifies as important in determining successful completion, including: abstaining from all

substance use, completing all program components, maintaining confidentiality, and refraining from hostile and disruptive behavior.

Increase Knowledge and Understanding

The first goal was measured through the use of a pre-test and a post-test. The pre-test is administered on the first night of class and the post-test is administered at the follow-up session (which is held one-month after the completion of the courses). These tests were designed to ascertain knowledge about the subject matter covered in the various class sessions (e.g., alcohol and depressants, tobacco and marijuana, stimulants). The format and number of questions changed from the version originally implemented to a version that more appropriately reflected the subject areas and included the collection of attitudinal information along with the knowledge based information. As mentioned above, these changes occurred after approximately six months of program operation. One of the changes that occurred was the addition of questions to assess the youths in terms of their attitudes and opinions pertaining to drug and alcohol issues. However, the attitudinal questions were not developed by staff as a part of the pre- and post- test scoring. As such, these questions were not systematically maintained in the participants' case files and were unavailable for analysis. The staff indicated that the attitudinal questions were administered, but apparently a large portion of these questionnaires were misplaced or discarded and were not available for evaluation purposes as had been planned.

Higher scores on the post-test indicate that an individual gained knowledge between their pre-test and post-test. Over 20 percent of the post-tests were not found in the participants' case files or anywhere else for both of the study groups (see Table 9). Those participants, classified in the "Not Taken" category, were automatically considered unsuccessful by the program staff. This was because attendance at the follow-up and completion of the post-test were considered by the program to be essential to successful completion. Table 9

shows that a larger portion of the participants in Group One obtained scores higher than their pre-test scores as compared to participants in Group Two. Only 29.5 percent of the participants in Group Two had higher post-test scores compared to 45.5 percent in Group One.

What the findings in Table 9 mean is not entirely clear. Since a couple of major changes occurred at the same time that the content of the pre- and post-tests were changed, it is difficult to pinpoint which factors are responsible for participants in Group Two to have been more likely to have scores that stayed the same or decreased than participants in Group One. According to program staff, there was a change in the curricula which was intended to place more emphasis on questions within the pre- and post-tests, and increased emphasis on the test system itself. It is possible that any one of a number of factors could have affected the test scores such as; changes in the curricula, clientele, pre- and post-test contents, teaching styles, class facilitators, and the importance that the facilitators placed on the tests.

**TABLE 9: POST-TEST SCORES IN COMPARISON
WITH PRE-TEST SCORES**

POST-TEST SCORES	GROUP ONE		GROUP TWO		TOTALS	
	n	%	n	%	n	%
Increased	25	45.5	13	29.5	38	38.4
Stayed the same	2	3.6	5	11.4	7	7.1
Decreased	4	7.3	10	22.7	14	14.1
Not Taken	13	23.6	9	20.5	22	22.2
Unknown ^a	11	20.0	7	15.9	18	18.2
TOTALS	55	100.0	44	100.0	99	100.0

^a It is believed that these participants did not take the post-test or it was lost.

Decrease Experimentation or Use of Drugs

The second goal was measured by urinalysis tests which were administered at the beginning of each class session as well as at the follow-up

session. Most participants provided a urinalysis specimen between 4:30 and 5:00 p.m. However, in a few circumstances, participants were unable to produce a specimen during this time. In such situations the participants were allowed to provide a specimen as long as it occurred before he or she went home that evening. If they could not produce a specimen by the end of the class session their test was considered by EIDEP staff to be positive. The evaluation findings indicated that only one client had failed to produce a specimen during a class session.

The substances tested for included marijuana, cocaine, amphetamines, and morphine. These tests were conducted "in house," unless a participant contested the results -- at which point the staff sent the sample to a local lab for testing. Although the program rules clearly state that alcohol is one of the controlled substances that participants are supposed to abstain from during their involvement with the program, it is not one of the substances tested. The program staff indicated that they did not test for alcohol because of the unavailability of alcohol breath analysis tests and the short duration of which alcohol remains in the users system.

Following completion or unsuccessful discharge from the program, EIDEP staff are supposed to provide a summary of each participants urinalysis results to the referral source and to parents upon request. EIDEP was unable to clearly substantiate whether copies of the discharge forms were actually sent to the referral sources or not. However, it was clear that the discharge forms were filled out and maintained in most of the participants' case files. It was suggested by EIDEP staff that the clerical staff person who originally held this job had simply not sent all of the discharge forms to the referral agencies. It was also observed during data collection that many of the discharge forms had not been completed at time of discharge. If a participant was unsuccessful they were typically referred back to the JCO who was supervising their case. In some cases the JCOs did recommend that EFR conduct a full substance abuse assessment. While it would probably be useful information to know what happens to an individual once they leave EFR, there is not currently any system for tracking

what happens to individuals once they are discharged from the program.

The evaluation findings showed that there were a total of 9 people testing positive for a controlled substance. One of the participants who tested positive, tested positive for marijuana the first and second week of class and went on to successfully complete the program. The reason for this according to EIDEP staff is that there was improved training and contact between the program and the On-Trak Corporation which led to changes in the classification of a positive or negative test result. Previously, all results which showed slightly detectable levels (under the cut-off point of the tests) were reported as positive. Following additional training it was reported that all test results below the cut-off point were negative due to such things as previous usage before involvement with the program. The cut-off point was based upon the guidelines developed by the On-Trak Corporation. It was further indicated by the OnTrack Corporation that trace amounts should be undetectable within 7 to 10 days in a non-regular user.

The evaluation findings in Table 10 show that the total number of urinalysis tests conducted was very similar for both of the study groups (Group One = 242 and Group Two = 247). However, the average number of tests for Group One was somewhat lower (4.4) than the average number for Group Two (5.6). This difference in the average number of tests was consistent with the change in the number of class sessions from Group One (4) to Group Two (5). The average number of tests does provide empirical support for the finding that EIDEP staff were providing urinalysis testing beyond the minimum number of tests necessary to have completed the program. The additional tests were some times conducted prior to admission, but more often after discharge from EIDEP, many instances included a request from a parent or concern by program staff about the presence of trace amounts of a substance during the follow-up session. The urinalysis results also showed that 7 of the 9 who tested positive did so during the first week of classes, while 1 tested positive in the 3rd week.

TABLE 10: URINALYSIS TESTS

URINALYSIS TESTS	GROUP ONE		GROUP TWO		TOTALS	
	n	%	n	%	n	%
Total Number of Tests	242	49.5	247	50.5	489	100.0
Number of Positive Tests	7	70.0	3	30.0	10	100.0
Percent of Positives from the Total Number of Tests	--	2.5	--	1.2	--	1.8

One of the primary reasons Group Two did not have a much higher total number of tests than Group One was that Group Two contained 11 fewer participants. Marijuana appeared to be the most common substance for which participants tested positive. The evaluation findings showed that 7 of the 9 participants who tested positive were positive for marijuana, 2 were positive for amphetamines and none were positive for cocaine.

Decrease Recidivism

The third goal was measured through the collection of information pertaining to a participant's juvenile court status and additional offenses committed during and after completion or termination from the program. This information was not systematically available to the program staff, but was obtained for this evaluation directly from the juvenile court.

Juvenile court information was only collected for Group One due to the need for a follow up period of at least 6 months. Due to the length of the evaluation period, participants in Group Two would not have had a similar period

of time in which to be re-referred for new offenses. Table 11 shows the total offenses committed during and after completion of EIDEP for Group One only. Table 11 also shows that less than 11 percent of the participants committed a new offense during involvement in EIDEP while 30.9 percent re-offended after being discharged from the program.

Table 12 shows of the total offenses reported in Table 11 how many were actually drug or alcohol related offenses. The drug related offenses, in Table 12, include both probation violations (e.g., testing positive for THC) and new offenses (e.g., possession of alcohol, possession of controlled substance and paraphernalia, and consumption and intoxication). Table 12 also shows that only 3.6 percent of the participants committed a drug offense during their involvement with EIDEP while 16.4 percent committed a drug offense after completion of the program.

TABLE 11: PARTICIPANTS COMMITTING NEW OFFENSES DURING AND AFTER COMPLETION OF EIDEP FOR GROUP ONE ONLY

STATUS	NONE		ONE		TWO OR MORE		TOTALS	
	n	%	n	%	n	%	n	%
Total new offenses committed during EIDEP	49	89.1	4	7.3	2	3.6	55	100.0
Total new offenses committed after EIDEP	38	69.1	13	23.6	4	7.3	55	100.0

TABLE 12: PARTICIPANTS COMMITTING DRUG RELATED OFFENSES COMMITTED DURING AND AFTER EIDEP FOR GROUP ONE ONLY

STATUS	NONE		ONE		TWO OR MORE		TOTALS	
	n	%	n	%	n	%	n	%
Total new drug related Offenses committed during EIDEP	53	96.4	2	3.6	0	0.0	55	100.0
Total new drug related offenses committed after EIDEP	46	83.6	9	16.4	0	0.0	55	100.0

Attendance of all Class Sessions

According to the program staff, if a participant fails to attend all sessions and be on-time they will be discharged from the program. During the first six month of program operations, the EIDEP staff recorded attendance based upon urinalysis testing dates. It should be noted that this was not a 100 percent accurate accounting of attendance as there were some inconsistencies found between the case files and the urinalysis data maintained on a specific urinalysis database. A sign-in form documenting attendance at each class session was implemented about two months after the second group began. The combination of the urinalysis dates and the sign-in sheets seemed to greatly improve the accuracy of attendance.

As mentioned above, the number of class sessions a participant had to attend increased from four for Group One to five for Group Two. The classes were held once a week and were run sequentially. Every fifth week for Group One and sixth week for Group Two the cycle started over again. The participants were allowed to enter the program on any given week due to the ongoing rotation of classes as long as they completed all of the required courses. The evaluation findings show that most of the participants attended the class sessions in a

consecutive order (i.e., they completed all of the courses in five weeks). However, a few of the participants did not complete their courses in consecutive weeks. One of the participants was a restart due to temporary placement in a youth shelter. Others missed a class session or sessions due to reasons such as family vacations or funerals. If a participant attended all of the required classes, but failed to show up for the follow-up session they were considered to be unsuccessful in their completion of the program. The evaluation findings showed that a higher portion of the participants in Group One attended all of the classes than did in Group Two (see Table 13).

TABLE 13: CLASS ATTENDANCE

ATTENDED ALL EIDEP CLASSES	GROUP ONE		GROUP TWO		TOTALS	
	n	%	n	%	n	%
Yes	53	96.4	37	84.1	90	90.9
No	2	3.6	7	15.9	9	9.1
TOTALS	55	100.0	44	100.0	99	100.0

Attendance and Completion of the Follow-Up Session

The follow-up session was viewed by EIDEP staff as being somewhat different than the actual class sessions. The follow-up session occurred a month after the completion of the 4th or 5th class session and consisted of the post-test, a urinalysis test, and an informal exit interview. The data pertaining to attendance of the follow-up showed that 10 participants in Group One and 3 participants in Group Two did not complete the follow-up.

Completion of All Program Requirements

Participants were expected to complete all of the requirements of the program (e.g., class attendance, abstain from drug use and experimentation,

refrain from hostile and disruptive behaviors). Program documents stated that failure to complete any one of the requirements could result in termination from EIDEP. If a participant completed all of the requirements they were deemed by program staff to have successfully completed the program. However, if a participant failed to complete the requirements or tested positive for a controlled substance they were determined to have been unsuccessful. Table 14 shows that the participants in Group Two successfully completed the program at a higher rate than those in Group One.

TABLE 14: PROGRAM COMPLETION

COMPLETION TYPE	GROUP ONE		GROUP TWO^a		TOTALS	
	n	%	n	%	n	%
Successful	32	58.2	29	74.4	61	64.9
Unsuccessful	23	41.8	10	25.6	33	35.1
TOTALS	55	100.0	39	100.0	94	100.0

^a missing cases = 5.

CJJP hoped to be able to provide data regarding the specific reason that led to a participant being designated as unsuccessfully completing the program. However, this information was not found to be systematically maintained during the time of the evaluation. Program staff has indicated that there has been an improvement in the notation of reasons for a participant's discharge since the end of the data collection period.

Confidentiality

One of the conditions of the program that the participants agree to is that they will respect and adhere to the confidentiality rights of all those involved in the EIDEP program, as explained by program staff. In addition, all of the participants signed waiver forms indicating that information about their particular case could be used for research purposes. These waiver forms were maintained

in the participants' case files. However, there was no documentation or information pertaining to whether participants complied with this or not.

Refrain from Hostile and Disruptive Behavior

The participants agreed by signing the contract referred to above, to refrain from hostile, disruptive, or uncooperative behavior. If the participants were caught engaging in such behavior the program staff were supposed to have them terminated from the program. Similar to the issue of confidentiality, there was no documentation or information pertaining to whether participants complied with this or not.

PARTICIPANT OUTCOMES

This section is intended to describe and discuss some of the selected variables from the previous section that were deemed by CJJP staff to be important indicators of the program or client outcomes. The items included in this section are: the presenting problem, class attendance, post-test scores, urinalysis testing, and recidivism data (for Group One only). Each of the variables are presented by the study group to which the participants were assigned, as well as whether the participants completed the program successfully or unsuccessfully.

Presenting Problem

Table 15 shows that marijuana is the most common presenting problem for the participants who successfully completed the program in Group One. The data also shows that over twice as many participants who were reported to have the presenting problem of marijuana succeeded as failed. Like Group One, data for Group Two also show that the most common presenting problem is marijuana. However, in Group Two over three times as many participants with

this presenting problem succeeded as failed. According to program staff this is due to improvements in the screening process.

The findings in Table 15 show that about 8 out of 10 participants who were listed with the presenting problem “other” were unsuccessful. The “other” category consisted of two participants identified with weapons charges, 3 with family issues, 3 with school or other issues, 1 with tobacco, and 1 with an other drug charge. Although the numbers are somewhat small for making conclusive

TABLE 15: PRESENTING PROBLEMS BY PROGRAM COMPLETION

PRESENTING PROBLEMS	GROUP ONE				TOTALS	
	SUCCESSFUL		UNSUCCESSFUL			
	n	%	n	%	n	%
Alcohol	7	58.3	5	41.7	12	100.0
Marijuana	24	68.6	11	31.4	35	100.0
Cocaine	0	0.0	0	0.0	0	100.0
Amphetamines	1	100.0	0	0.0	1	100.0
Other	0	0.0	7	100.0	7	100.0
TOTALS	32	58.2	23	41.8	55	100.0

	GROUP TWO				TOTALS	
	SUCCESSFUL		UNSUCCESSFUL			
	n	%	n	%	n	%
Alcohol	5	83.3	1	16.7	6	100.0
Marijuana	25	75.8	8	24.2	33	100.0
Cocaine	1	100.0	0	0.0	1	100.0
Amphetamines	1	100.0	0	0.0	1	100.0
Other	2	66.7	1	33.3	3	100.0
TOTALS	34	77.3	10	22.7	44	100.0

statements, the findings do indicate that participants who reported to have had the presenting problem that fell in the “other” category were more likely than the other participants to have been terminated unsuccessfully from the program. These findings suggest that the program may want to re-examine the acceptance of youths who do not have a presenting problem of substance abuse.

Class Attendance

The data in Table 16 shows that a somewhat higher percentage of participants in Group Two who attended all the class sessions were able to complete the program successfully than participants in Group One. The percent of participants who attended all of the classes in Group One, but who did not successfully complete the program was about 40 percent. This finding refers to those participants who unsuccessfully completed the program due to failure of attending the follow-up session. This percentage, which seems to be fairly high, was due in large part to the fact that during the first six months of program operations the follow-up notices, which indicated the date and time that the participants were to show up, were not systematically filled out by staff or sent out by the person providing clerical support. What this means is that it is unclear from the data available as to what percentage of these participants were missed because of program or clerical errors and which ones missed the follow-up for other reasons. Regardless of this issue, all of the participants who did not attend the follow-up were considered to be unsuccessful in the completion of the program. The problem discussed here was one of a number of different issues with clerical assistance and records management that ultimately led to a change in clerical personnel.

TABLE 16: CLASS ATTENDANCE BY PROGRAM COMPLETION

ATTENDED ALL CLASSES?	GROUP ONE (Total Cases = 55)				GROUP TWO (Total Cases = 44)			
	SUCCESSFUL		UN- SUCCESSFUL		SUCCESSFUL		UN- SUCCESSFUL	
	n	%	n	%	n	%	n	%
Yes	32	60.4	21	39.6	34	82.9	7	17.1
No	0	0.0	2	100.0	0	0.0	3	100.0
TOTALS	32	58.2	23	41.8	34	77.2	10	22.7

Post-Test Scores

Data presented in Table 17 shows that over 65 percent of the participants who were successful in Group One had higher post-test scores than pre-test scores. In Group Two, 45 percent of the participants' post-test scores stayed the same or were lower than their pre-test scores. As mentioned previously, the findings regarding post-test scores are not entirely clear. There were some differences in regards to the demographics of the participants in Group One and Group Two. The participants in Group Two were found to be slightly older, somewhat more likely to be white, and somewhat less likely to have been attending school at the time of admission to the program. It is unlikely that these three differences alone account for the differences in test scores. It is also possible that any number of other variables accounted for this difference such as changes in curricula, clientele, pre- and post- test content, teaching styles, or changes in facilitators and the importance that facilitators emphasized in regards to the tests. As previously mentioned, the program staff indicated that there was change in the curricula which placed was intended to place more emphasis on questions within the pre- and post-tests, and increased emphasis on the test system itself and this change was stated to have occurred at the end of Group One.

The data in Table 17 also show that for both groups, all of the participants who were unsuccessful in their completion of the program either had lower post-test scores as compared to pre-test scores or did not take the test. It was also found that there were a lot more missing tests for Group One than Group Two. This again points to records management problems during the first six months of operations.

TABLE 17: POST-TEST SCORES IN COMPARISON WITH PRE-TEST SCORES BY PROGRAM COMPLETION

POST-TEST SCORES	GROUP ONE (Total Cases = 55)				GROUP TWO (Total Cases = 44)			
	SUCCESSFUL		UN-SUCCESSFUL		SUCCESSFUL		UN-SUCCESSFUL	
	n	%	n	%	n	%	n	%
Increased	21	65.5	4	17.4	13	38.2	0	0.0
Stayed the Same	2	6.3	0	0.0	5	14.7	0	0.0
Decreased	4	12.5	0	0.0	10	29.4	0	0.0
Not Taken	0	0.0	13	56.5	0	0.0	9	90.0
Not Reported	5	15.6	6	26.1	6	17.6	1	10.0
TOTALS	32	100.0	23	100.0	34	100.0	10	100.0

Urinalysis

The total number of urinalysis tests conducted on those participants considered to have successfully completed the program was 352 with a group average of 5.33 tests. The group average indicates that there were some participants who received more than the minimum number of urinalysis tests. The reason for this was to provide urinalysis monitoring services to program participants on an informal basis. Most of the requests for these informal monitoring services came from the participants' own families or staff concerns.

One of the primary rules of EIDEP as indicated by program documents is that the participants need to abstain from substance use during their involvement with the program. The program staff have indicated that a participant could be terminated from the program if they violate this rule. Table 18 shows that discretion was used in at least 3 cases, to allow participants who received positive tests to successfully complete the program. One of these participants tested positive twice and was still considered to be successful. As mentioned previously, there was improved training and contact, during the evaluation study period, between the EIDEP staff and the On-Trak Corporation which caused a change in the classification of a positive or negative test result. Prior to this increased training, all results which showed slightly detectable levels were reported as positive by EIDEP which according to the On-Trak Corporation

should have been negative.

The participants considered unsuccessful in their completion of the program were tested a total of 137 times with an average of 4.152. Almost all of the participants who tested positive for one or more of the substances were likely to do this during the first or second week of classes, only one participant tested positive in the third week.

The number of participants who tested positive in Group One was 6 and the number in Group Two was 3 (see Table 18). As mentioned above one of the participants in Group Two tested positive two separate weeks for marijuana and was still considered to be successful in the completion of the program. Seven of the nine participants who produced positive urinalysis specimens did so in the first week of classes, one was positive the second week and one was positive the third week of classes. Two of the participants who tested positive in Group One were reported to have successfully completed the program while the others were considered as unsuccessful completion. Two of the participants in Group Two who tested positive for a controlled substance went on to successfully complete the program. Again, this finding may be explained by the changes in the designation of what constituted a positive or negative test result.

TABLE 18: URINALYSIS TESTS BY COMPLETION

URINALYSIS TESTS	GROUP ONE (Total Tests = 242)				GROUP TWO (Total Tests = 247)			
	SUCCESSFUL		UN-SUCCESSFUL		SUCCESSFUL		UN-SUCCESSFUL	
	n	%	n	%	n	%	n	%
Total Number of Tests	152	62.8	90	37.2	200	81.0	47	19.0
Number of Positive Test	2	33.3	4	66.7	2	66.7	1	33.3
Percent of Positives from the Total Number of Tests	--	1.3	--	4.4	--	1.0	--	2.1

Recidivism

As mentioned above, the recidivism data were only collected and analyzed for Group One due to the length of follow-up time available. The data pertaining to recidivism show that 30 out of 32 participants who successfully completed the program had not committed any new offenses during EIDEP (see Table 19). However, two participants who were considered to have successfully completed the program had committed at least one new offense during their involvement with the program. According to program documents, the commission of a new offense during the program would be grounds for dismissal from the program. However, the finding that two of the participants who had committed a new offense while involved in the program, went on to successfully complete the program, shows that the program staff may have utilized discretion in individual cases. It is unclear if the EIDEP staff knew of the new offenses or not. One of these cases was a non-drug related simple misdemeanor offense, however the other one was a drug related offense. The findings presented in Table 19 also show that eight out of 32 participants committed new offenses after successfully completing the program. It was also found that a larger number of participants who were unsuccessful in completing EIDEP had committed new offenses during and after their involvement with the program.

Table 20 shows of the total offenses presented in the preceding table (Table 19), how many of the offenses were drug related. When comparing this table to the previous one, it appears that drug offenses are only a portion of the total number of offenses that participants had committed.

TABLE 19: TOTAL OFFENSES COMMITTED DURING AND AFTER COMPLETION OF EIDEP FOR GROUP ONE BY COMPLETION

--SUCCESSFUL--						
OFFENSES	NONE		ONE		TWO OR MORE	
	n	%	n	%	n	%
Participants committing new offenses during EIDEP	30	93.8	1	3.1	1	3.1
Participants committing new offenses after EIDEP	24	75.0	5	15.6	3	9.4
--UNSUCCESSFUL--						
OFFENSES	NONE		ONE		TWO OR MORE	
	n	%	n	%	n	%
Participants committing new offenses during EIDEP	19	82.6	3	13.0	1	4.3
Participants committing new offenses after EIDEP	14	60.9	8	34.8	1	4.3

TABLE 20: TOTAL NUMBER OF DRUG RELATED OFFENSES COMMITTED DURING AND AFTER EIDEP FOR GROUP ONE BY COMPLETION

--SUCCESSFUL--						
OFFENSES	NONE		ONE		TWO OR MORE	
	n	%	n	%	n	%
Total new drug related offenses committed during EIDEP	31	96.9	1	3.1	0	0.0
Total new drug related offenses committed after EIDEP	27	84.4	5	15.6	0	0.0
--UNSUCCESSFUL--						
OFFENSES	NONE		ONE		TWO OR MORE	
	n	%	n	%	n	%
Total new drug related offenses committed during EIDEP	22	95.7	1	4.3	0	0.0
Total new drug related offenses committed after EIDEP	19	82.6	4	17.4	0	0.0

EIDEP's Recommendations For Further Services

The findings in Table 21 show that most of the participants who were recommended to receive other services by EIDEP staff were those who had not successfully completed EIDEP. EIDEP staff stated that in most cases where a post-admission referral was necessary that the participants were typically referred to more intensive intervention or service programs. However, verification of this was not possible due to the fact that there was no documentation of where the participants were referred or the reason for the referral. Without such documentation, it was also unclear why some participants in both groups, who were successful in completing the program, received post-admission referrals.

TABLE 21: RECOMMENDATIONS FOR FURTHER SERVICES BY COMPLETION

WAS A RECOMMEND ATION MADE FOR FURTHER SERVICES?	GROUP ONE (Total Cases = 55)				GROUP TWO (Total Cases = 44)			
	SUCCESSFUL		UN- SUCCESSFUL		SUCCESSFUL		UN- SUCCESSFUL	
	n	%	n	%	n	%	n	%
Yes	2	11.1	16	88.9	3	27.3	8	72.7
No	30	81.1	7	18.9	31	93.9	2	6.1

SUMMARY OBSERVATIONS

Overall Similarities and Differences

Through this evaluation study it was found that the program did evolve and change in both major and minor ways over its first year of operations. These

changes occurred in terms of the program, clients, and outcome measure findings. It is hoped that the findings from this report provide meaningful information about the program and its clients for planning purposes and baseline data for the program to use when evaluating their program in the future. However, this evaluation study was conducted during the first year of the program's operations and any conclusions drawn from the data presented in this report warrant the use of caution in making policy and planning decisions for a number of different reasons.

First, the documentation and protocol were continually being changed during this year. Some of these changes were determined by program and CJJP staff to be so major as to necessitate the creation of two separate study groups, one for the first six months and one for the second. The study groups were divided into two separate groups because the six month point of operation coincided with changes in pre-and post-tests, alterations in the number and length of class sessions, as well as modifications in the presentation of the subject matter.

Second, that while the program identified three primary goals, there were no bench marks developed to determine overall program effectiveness. For example, a stated goal was to reduce recidivism, however it was unclear as to what an acceptable or tolerable level would have been. A similar example could be made for any of the other outcome measures as well.

Third, proper record keeping was considered by CJJP staff to be an obstacle to having "good, clean data." However, this particular problem improved dramatically during the course of the study period. Once a personnel change was made, the quality of clients' records greatly improved and the number of missing items (e.g., dates of birth, urinalysis testing information and pre- and post-tests) significantly decreased.

An obstacle to most evaluation research is the ability to account for the impact that a particular program has upon a given individual. It is also difficult to identify the specific effect that one program has upon an individual when there may be other interventions and services being received by the same person.

This evaluation project focused solely on EIDEP, and it was beyond the scope of this project to compare the program to similar types of programs.

Despite all these warnings and cautions, the evaluation findings can be viewed as a description of the program as well as a baseline for future analyses. With this in mind, a number of findings were found that describe EIDEP and suggest recommendations for future consideration.

Program:

The EIDEP's stated goals and program requirements did not appear to change throughout the evaluation period. However there did appear to be some discretion in enforcing some of the rules geared toward achieving the stated goals and complying with program requirements (e.g., participants who tested positive for a controlled substance, but were not terminated from the program). As previously mentioned, improved training and contact between the EIDEP staff and the On-Trak Corporation caused a change in the classification of a positive and negative test result. Previously, all results which showed slightly detectable levels (under the cut-off points of the tests) were reported as positive. Following additional training, all test results below the cut-off point were negative due to such factors as prior usage before admission to EIDEP.

There were some personnel changes during the evaluation period, but in general the resources devoted to the program were fairly constant during the evaluation period. As detailed in the report, there were some changes made in regards to the curricula, length and number of classes, and the referring agencies.

Participants:

There was a similar number of males and females in both groups, however, there were some differences found in terms of race and age. It was found that Group Two included more participants who were white, older and

came from the suburbs than Group One. A difference in regards to school attendance at time of admission was also found. Seventy-nine percent of the participants in Group Two were in school at admission compared to 92 percent of those in Group One. When looking at grade at admission, however, it was found that those participants in Group Two who reported to have been attending school at the time of admission were more likely to be in higher grades than those in Group One. This finding is consistent with the fact that Group Two contained slightly older participants than Group One.

It was found for both groups that a majority of the participants were reported to have had the presenting problem of marijuana. The percent of participants listed with the presenting problem of alcohol or “other” was lower for Group Two than Group One. The research findings also showed that regardless of what the presenting problem was, Group Two had more participants in each of the categories (e.g., alcohol, marijuana, cocaine, amphetamines, other) who successfully completed the program than Group One.

In addition, it was found that participants in Group Two had fewer recommendations for other services by EIDEP staff than participants in Group One. This may be explained in part by another finding that participants in Group Two had higher rates of successful program completion than those in Group One.

Outcome Measures:

The primary outcome measures used by this program were overall completion, pre- and post-test scores, class attendance, completion of the follow-up session, and urinalysis testing. When comparing Group Two to Group One, it was found that three of these outcome measures showed improvement, while two did not.

The percent of participants in Group Two (74 percent) who successfully completed the program was higher than for Group One (58 percent). Group Two had fewer participants (n=3) who attended all the classes and had missed the

follow-up session than Group One (n=10). It was also found that Group Two had a lower number of participants (n=3) who tested positive for a controlled substance than Group One (n=6).

Approximately 30 percent of the participants in Group Two increased their knowledge about substances as measured on the pre- and post-test. However, this percent for Group Two was lower than it was for Group One, which was 46 percent. The findings did show that of those participants in Group Two who had post-test scores that either stayed the same or increased from their pre-test scores, all successfully completed the program. This was not found to be the case for Group One.

The study findings showed that 84 percent of the participants in Group Two attended all of the classes. However, this percent was lower than the percent of the participants who attended all of the classes in Group One, which was 96 percent. However, Group Two was found to have a higher portion of the participants who attended all of the class sessions and to successfully complete the program than Group One.

Although no information pertaining to recidivism was collected for Group Two, the findings did show that for Group One that there were 6 participants who had committed a new offense during their involvement in EIDEP and 17 who had committed a new offense after discharge or termination from the program. Two of the 6 participants who had committed a new offense during their involvement in the program were considered to have successfully completed the program. While, 8 out of the 17 of the participants who committed a new offense after discharge or termination from the program were considered to have been successful.

RECOMMENDATIONS

- The data regarding the pre- and post-tests show that a majority of the participants who took the tests in Group One showed improvement, however this was not the case for Group Two. For Group Two, it was found that only

13 out of 34 participants had higher post-test scores than pre-test scores, while 10 participants in Group Two had post-test scores that were lower than their pre-test scores. It currently appears that the program staff are not relying too much on these tests for either evaluation or educational purposes. It is recommended that these tests, in combination with the attitudinal questions that were developed but not used or maintained in case files, be utilized as both a teaching tool and/or as an assessment instrument or that they be discontinued.

- ◇ As an evaluation tool, EIDEP staff could look at score improvement among each of the topics comprising the curricula. If participants are routinely scoring poorly on a particular topic in comparison with other topics, the program staff may wish to contemplate revising their study plan or course materials for that topic. Even a periodic examination of only the pre-test scores might provide EFR with information with which to assess the fit between clients and planned curricula. Also, EIDEP staff should undertake an ongoing examination of responses on attitudinal items pre- and post-EIDEP, to look for indicators of the program's effect on participant attitudes towards illegal drugs and alcohol.
- ◇ As a teaching tool, it might be helpful if the tests were graded when the participants are still there, to reinforce knowledge gained and address problem areas.
- ◇ It might also be useful if consequences were tied to poor performance on the post-tests. If an individual did not stay the same or improve, for example, they could be required to take a refresher session.
- ◇ If it is decided to continue the tests, then it is further recommended that participants' names, test dates and other identifying information be added to the tests to aid identification and record management.

- This research indicates that 8 out of the 10 participants labeled as having an “other” presenting problem (e.g., weapons, family, school) were unsuccessful in completing the program. This finding may indicate a need for the program staff to re-examine the admission criteria for youth who do not have one of the following presenting problems: alcohol, marijuana, cocaine, or amphetamines.
- Through the research it was found that two of the participants in EIDEP had been court ordered to the program for urinalysis monitoring purposes. It was also found that participants were receiving urinalysis testing by EIDEP staff prior to and after stated dates of involvement in EIDEP classes and the follow-up sessions. EIDEP staff did report that some potential participants had tested positive prior to admission to the program and were tested until they were negative and then allowed to participate in the program. As mentioned in the report, staff also reported that a change in the classification of a positive and negative test result occurred during the first year of program operations. Prior to the change, all results which showed slightly detectable levels (under the cut-off point of the tests) were reported as positive. Following additional training it was reported that all test results below the cut-off point were negative due to such things as previous usage before involvement with the program.
Interviews with juvenile court officers indicates a desire for drug monitoring services. It is recommended that if juvenile court officials want a specific drug monitoring program that one be developed separate from EIDEP. Reason are that staff do not have the time to provide drug monitoring to those participants not in need of early intervention drug education and that the provision of education services to youth who officials only want monitoring services may not be cost effective.
- EIDEP staff has indicated that since the end of the evaluation study period that incremental sanctions have been added to a urinalysis results that are

considered to indicate trace amounts of a controlled substance. For example, the first time a participant's urinalysis test shows trace amounts they are given five hours of community service, the second time this occurs they are given an additional 10 hours of community service, and the third time they are discharged from the program. The community service is assigned by a participant's JCO upon notification of the existence of trace amounts by EIDEP staff. To provide a tool to EIDEP staff that allows them to hold participants accountable for either using small amounts of a controlled substance or being around such use, CJJP recommends that these sanctions continue to be utilized.

- The program rules state that the use of alcohol, as well as other drugs, could result in termination from the program. However, there was no testing of alcohol being conducted by EIDEP staff. It is recommended that if this rule is to be enforced that formal testing beyond "purely observational techniques" be employed. There are currently three different methods for testing for alcohol -- breathalyzers, blood tests, and urinalysis testing.
- The program rules indicated that the participants could have been terminated if they tested positive for a controlled substance. However, the research findings showed that a total of four participants were able to successfully complete the program despite testing positive. In addition, one participant identified as successfully completing the program in Group One was reported to have committed a new drug related offense during their involvement with EIDEP. To account for the differences between the stated rules and the actual practices, it is recommended that EIDEP staff review termination policies and change them accordingly or enforce the existing termination policies.
- Through the research it was found that 17 out of 32 participants in Group One committed a new offense after EIDEP. This finding may indicate a need for

some type of follow-up service or some level of post-release monitoring. The ability to identifying which participants benefit most from such services may be useful for planning purposes and could be accomplished through the use of a risk assessment instrument. CJJP recognizes that there is currently no instrument like this in use in the 5th Judicial District to make decisions about additional services following discharge or termination from a program. However, there is a risk assessment instrument being used to make placement decisions at Centralized Intake. It is therefore recommended that EFR, juvenile court and other referral agencies be involved in expanding the use of risk assessment within the 5th Judicial District. It is further recommended that such an endeavor be undertaken appropriately in terms of validation and implementation.

- There is currently no system available that tracks what happens to an individual if EIDEP recommends further services. Such information would be useful in allowing the examination of whether such recommendations are being made appropriately or being followed. It is recommended that this information be documented in the participants' case files. It would be helpful to obtain the name and date that the participant was recommended or referred. Updates about a client's progress from these agencies may be useful in EIDEP's planning efforts.
- In conjunction with the evaluation study, CJJP helped EFR modify a number of EIDEP's program forms. Two of these forms that deserve special mention are the intake and discharge forms. Periodic review (quarterly or semi-annually) of aggregated client case information obtained from these forms, as well the pre- and post-tests, could assist EFR in conducting ongoing monitoring of the EIDEP program, as follows:
 - ◊ Intake form should be used to review referral source and referring reason to ensure appropriate youths are being targeted for this

program. Agencies that were originally planned to be a referral source, but are not referring, could be contacted to discover why no referrals are being made; if necessary, EFR staff could clarify eligibility for EIDEP or provide other instruction. Similarly, if there are referrals being made that do not have a primary reason involving controlled substances, EFR staff could contact the referral source(s) to clarify eligibility for EIDEP.

- ◇ It is recommended that EIDEP staff review discharge reasons to monitor the overall success rate of participants, and to track why unsuccessful participants failed. This would provide a mechanism for internal audit (i.e., verifying that successful and unsuccessful participants are being properly designated as such). Additionally, by tracking success rates before and after major program changes in the future, EFR would gain the ability to assess what effect, if any, such changes had on participant success.
 - ◇ Discharge forms should state the reason for the termination if a participant was terminated unsuccessfully from the program. There needs to be a system for making sure that copies of the discharge form are sent to the referring agency and a copy is kept in the participants' case files. Currently there is no way to know from EIDEP documentation if the form had actually been sent or not.
- Clerical assistance was considered a major obstacle to proper record management, however this had improved some during the course of the study period. Even with the improvements, there were still forms not filled out properly or not filled out at all and information missing from participants' case files. An example of this can be found in the pre- and post-tests. There were 5 participants in Group One and 6 in Group Two that had successfully completed the program, but no tests could be found in their files. Prompted by inquiries from CJJP to provide complete data, pre- and post-tests were scored and discharge forms were completed. The data collection visits to

EIDEP became an opportunity for staff to get paper work done. Given this, it is recommended that records be kept up-to-date and the following records maintenance procedures be implemented:

- ◇ keep files in manner that allows them to be easily accessed and secure.
 - ◇ maintain the files in alphabetical order or some other system that seems to make sense (such as grouping the files by completion dates). It may also be desirable to identify the successful and unsuccessful participants by using some type of color coding.
 - ◇ review the forms at discharge or termination to ensure that every form is in the case file and appropriately filled out.
 - ◇ tie the EIDEP records with EFR's other records.
- There is currently a request by one of the EIDEP facilitators to quit teaching the class sessions so that he can devote more time to his assessment duties, urinalysis testing and program coordination services. In making this request, it is anticipated that another staff member will be allocated to EIDEP so that there will still be two certified prevention specialists teaching the classes. This proposed change is expected to result in the creation of a new "coordinator role" for the staff member making the request. CJJP recommends that this change occur and that this new "coordinator role" be used to improve the quality of client records by overseeing the completion of various forms and making sure that files are completed upon discharge of participants from the program. More important, perhaps, is the potential for such a coordinator to prepare aggregate client and case activity information collected through these forms. This could facilitate and improve the assessment of program operations and participant characteristics and the need to change or improve program activities or connections with referral agencies and system officials.

- Through this research it was found that the number of minority youth referred to this program decreased as the program evolved. It is recommended that EFR, Centralized Intake, and juvenile court staff investigate the reason for this change to determine any need to alter referral or screening practices or to address the perceived appropriateness of EIDEP for minority youth.